

DATE: \_\_\_\_\_

RMA CLAIM NUMBER: \_\_\_\_\_  
*For office use only*

**SUBMIT TO** Lift Axle Warranty Department



1.740.929.5601



[liftaxletech@hendrickson-intl.com](mailto:liftaxletech@hendrickson-intl.com)  
(SUBJECT LINE "Warranty Claim Request")



Toll-free 1-800.660.2829  
Help Line 1-740.929.5600

**IMPORTANT NOTE**

- Hendrickson Lift Axle Warranty Department **MUST AUTHORIZE** all repairs and services associated with any potential warranty claims before any repairs and services are performed. Failure to obtain such prior authorization may result in partial or complete rejection of the warranty claim.
- Parts to be returned under a warranty claim **MUST BE** accompanied by RMA (Return Material Authorization) Claim number issued by the Hendrickson Lift Axle Warranty Department.

**SOLD TO** Requester Information

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Hendrickson Account No.: \_\_\_\_\_

**SHIP TO** Repair Facility Information

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Dealer Code: \_\_\_\_\_

End User (if applicable): \_\_\_\_\_

**SUSPENSION INFORMATION**

MODEL: \_\_\_\_\_

SERIAL NUMBER: \_\_\_\_\_

IN-SERVICE DATE: \_\_\_\_\_

**REPAIR / REPLACEMENT INFORMATION**

DATE OF FAILURE: \_\_\_\_\_

REIMBURSEMENT TYPE (Check One)  Stock Parts  Warranty Credit

**PURCHASE INFORMATION** Original Lift Axle / Aftermarket

HENDRICKSON SALES ORDER NUMBER: \_\_\_\_\_

HENDRICKSON INVOICE NUMBER: \_\_\_\_\_

BLANKET / P.O. NUMBER: \_\_\_\_\_

**PROBLEM DESCRIPTION** Reason for RMA Request